

BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		5		/			54						
5		5		/			55						
6		5		/			56						
7		5		/			57						
8		5		/			58						
9		5		/			59						
10		5		/			60						
11		5		/			61						
12		5		/			62						
13		5		/			63						
14		5		/			64						
15		5		/			65						
16		5		/			66						
17		5		/			67						
18		5		/			68						
19		5		/			69						
20		5		/			70						
21		5		/			71						
22		5		/			72						
23		5		/			73						
24	/		/				74						
25		5		/			75						
26	/		/				76						
27		5		/			77						
28		5		/			78						
29		5		/			79						
30		5		/			80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	27	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			30				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS